

EXHIBIT 13

ECFMG® New PT As Needed Employee Form

Personal Information:

Name: Jackie Bryant		Social Security Number: [REDACTED]	
Address: [REDACTED]		ECFMG HOUSTON	
City, State, Zip: [REDACTED]			
Home Phone: [REDACTED]		Alternate Phone (if available): [REDACTED]	
Date of Birth: [REDACTED]	Gender: <input type="checkbox"/> Male <input checked="" type="checkbox"/> Female	Marital Status: Married	
Emergency Contact Name: Irai Bryant		Phone Number: [REDACTED]	Relationship: Spouse

Employment Status:

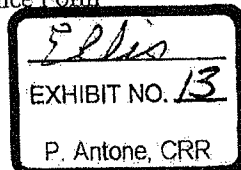
Hire Date: 9/25/06	(Rehire Only) Previous hire date:	Previous termination date:
Job Status: <input type="checkbox"/> full time regular <input type="checkbox"/> part time regular <input checked="" type="checkbox"/> as needed <input type="checkbox"/> temporary employee (>6 mos)		
FLSA Status: <input type="checkbox"/> Exempt <input checked="" type="checkbox"/> Non-Exempt	Job Title: Proctor	
Department Name: CSEC - Houston	Supervisor Name: Artis Ellis	
Compensation Annual Salary: Per Pay Salary (+26): \$15.00 Hourly Rate (Non-Exempt):		

FAX THIS FORM AND THE W-4 TO HR/PAYROLL IMMEDIATELY!

Send the original of this form with the following attachments in your weekly package: (Bolded Items in columns 1 & 2 are **REQUIRED!**)

- | Column 1 | Column 2 | Column 3 |
|--|---|---|
| <input checked="" type="checkbox"/> Orig. Employment Application | <input checked="" type="checkbox"/> Criminal BG Check Author. | <input type="checkbox"/> Health/Dental Enrollment Forms |
| <input type="checkbox"/> Completed Reference Checks | <input checked="" type="checkbox"/> Orig. Confidential Agreement | <input type="checkbox"/> Life/Disability Enrollment |
| <input checked="" type="checkbox"/> Completed W-4 Form | <input checked="" type="checkbox"/> Emergency Contact | <input checked="" type="checkbox"/> Resume |
| <input checked="" type="checkbox"/> Completed I-9 Form | <input type="checkbox"/> Orig. Signed Offer Letter (except for temps) | <input checked="" type="checkbox"/> Direct Deposit Form |
| <input checked="" type="checkbox"/> Orig. Handbook Acknowledgement | <input type="checkbox"/> Payroll Deduction Form | <input type="checkbox"/> MPN Predesignation Form ** |
| <input type="checkbox"/> Orig. Signed Job Description | <input type="checkbox"/> Transportation Assistance Form | <input type="checkbox"/> MPN Acknowledgement form ** |

** Items in Red apply to California employees only



B4H
3099

Hiring Manager Signature Arcis Ellis Date 9/11/16
Human Resources Signature _____ Date _____

EDUCATIONAL COMMISSION for FOREIGN MEDICAL GRADUATES

PHILADELPHIA OFFICE

3624 MARKET STREET, PHILADELPHIA, PENNSYLVANIA 19104-2685, U.S.A.

TELEPHONE: 215-386-5900 • FAX: 215-222-9963 • WWW.ECFMG.ORG

DATE: August 25, 1998

**ECFMG
HOUSTON**

DATE REVIEWED AND REVISED: September 16, 2004; May 26 2005

JOB TITLE: Proctor

FLSA: Non-exempt

DEPARTMENT: Assessment Services

REPORTS TO: Center Manager, & Assistant Center Manager, Clinical Skills Evaluation Center

RESPONSIBLE FOR: N/A

JOB SUMMARY

Maintains the security and integrity of USMLE™ Step 2 CS administration and materials. Provides assistance and direction to examinees in accordance with established policies and procedures.

JOB SPECIFICATIONS

SCOPE OF RESPONSIBILITY

Instructs examinees in basic exam logistics following on-site Orientation. Secures, maintains and sets up Examinee Instructions in the Examinee Hallway. Distributes, collects, and delivers all test-related materials according to written Step 2 CS procedures. Assists the examinees in the appropriate sequencing of patient encounters throughout the exam. Maintains an awareness of the Examinees' physical and mental status to the extent possible.

FISCAL RESPONSIBILITY

N/A

EMPLOYEE INTERACTION

Interacts with the Assistant Center Manager and Senior Proctors to receive training in proctoring, policies, and procedures. Maintains current knowledge of policy/procedure updates and changes in the administration of the exam. Coordinates the timing and patient encounter sequencing in conjunction with the Control Room. Works with the Administrator on Duty to resolve incidents arising during the course of the exam.

POLICY AND PROCEDURE INTERPRETATION

Maintains the integrity of Step 2 CS administration according to the policies and procedures as listed in the Proctor Manual.

INTERNAL CLIENTS / CONTACTS

Assistant Center Manager, Administrator on Duty, Trainer on Duty, Control Room Operators, and other staff as necessary

EXTERNAL CLIENTS / CONTACTS

CS Examinees

PHYSICAL DEMANDS

Long periods of standing

JOB REQUIREMENTS

EXPERIENCE

Service industry and/or education work environment preferred.

EDUCATION & CERTIFICATION

High School diploma or equivalent.

SKILLS / ABILITIES

Detail-oriented, excellent organizational and verbal skills, comfortable with speaking in front of small groups. Ability to maintain confidentiality of secured test materials. Ability to work with a diverse population.

RESPONSIBILITIES AND DUTIES

- I. Assists in the training of new proctors
- II. Oversees examinees
 - A. Registration Room – Registers the examinees for the exam
 - B. Orientation Room - Administers Proctor Orientation; Observes examinees during lunch and break periods. Sets up catered meals and snacks in the orientation area for the Examinees during the exam breaks
 - C. Examinee Hallway - Assists in the sequencing of the examinees
 - D. Other areas - Coordinates evacuations; Reports any exam irregularities.
- III. Maintains the security of all Confidential Materials
 - A. Sets-up and removes the Examinee Instructions in the examinee hallway and exam rooms
 - B. Distributes the Patient Notes
 - C. Collects and files the Patient Notes (typed and written)
 - D. Collects all other materials involved in the exam administration
 - E. Returns all materials to the Administrator on Duty
- IV. Maintains the security and integrity of the exam administration
 - A. Monitors examinees' mental/physical status
 - B. Assists examinees with routine questions and requests
 - C. Resolves incidents with assistance from the Control Room Staff, SP Trainer, and Administrator on Duty as needed.
 - D. Accounts for all sensitive materials involved in the exam administration.
 - E. Maintains the examination rooms and orientation room.
- V. Other duties as assigned by management.

<u>Artis Ellis</u>	<u>9/11/06</u>
Immediate Supervisor	Date
<u>Betty Hite</u>	<u>9/19/06</u>
Vice President	Date
<u>Quinn Jones</u>	<u>10/4/06</u>
Human Resources	Date

I have been given a copy of this job description and have discussed its content with my immediate supervisor. I understand that I am expected to perform all of the duties listed in this document and that my performance will be evaluated based on its content.

<u>[Signature]</u>	<u>9-11-06</u>
Incumbent	Date

EDUCATIONAL COMMISSION for FOREIGN MEDICAL GRADUATES

3524 MARKET STREET, PHILADELPHIA, PENNSYLVANIA 19104-2685, U.S.A.
TELEPHONE: 215-823-2117 • FAX: 215-386-3185 • www.ecfm.org

Telephone Reference Check Form

ECFMG
HOUSTON

Two references should be completed on all applicants. If the applicant is currently working and he/she would prefer we not contact the current employer, then the reference on the current employer should be completed **AFTER** the individual is hired and has started the first day of work with ECFMG. Use additional paper for each question, if needed. If some questions are not relevant to the position hired for, then the bolded questions are the only required questions.

Applicant Name Jackie Bryant
Company Name Personal Reference Phone [REDACTED]

1. What are the dates of employment? _____
 2. What was the job title and main duties? _____
 3. Was the quantity of work acceptable, below, or above standards? Above Standards
 4. Was the quality of work acceptable, below, or above standards? Above Standards
 5. Was the attendance and punctuality acceptable, below, or above standards? _____
 6. How well did he/she handle stress (high volume, tight deadlines, multiple tasks, customer service)?
works well under stress
 7. How well did he/she get along with others (employees, supervisors, clients)? _____
 8. How well did he/she plan and organize work? _____
 9. Were there any misconduct or inappropriate behaviors? N/A
 10. What was the reason for termination? N/A
 11. Would you re-hire him/her at the same level? N/A
 13. What was your work relationship to him/her (supervisor, peer, subordinate)? Peer
 12. Any other comments? I have known Jackie over 20 years and she has high professional standards and strong work ethics
- Reference Check Completed By: Artis Ellis Date: 9/14/16

ECFMG® is an organization committed to promoting excellence in international medical education.

Information Received From: Lillian Hall Title: Retired Teacher

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Telephone Reference Check Form

ECFMG
HOUSTON

Two references should be completed on all applicants. If the applicant is currently working and he/she would prefer we not contact the current employer, then the reference on the current employer should be completed AFTER the individual is hired and has started the first day of work with ECFMG. Use additional paper for each question, if needed. If some questions are not relevant to the position hired for, then the bolded questions are the only required questions.

Applicant Name Jackie Bryant
 Company Name Alameda Dental Phone (713) 799-1400
 1. What are the dates of employment? 9/2004
 2. What was the job title and main duties? Treatment Counselor
 3. Was the quantity of work acceptable, below, or above standards? Above Standards
 4. Was the quality of work acceptable, below, or above standards? Above Standards
 5. Was the attendance and punctuality acceptable, below, or above standards? Above Standards
 6. How well did he/she handle stress (high volume, tight deadlines, multiple tasks, customer service)?
Excellent work under stress
 7. How well did he/she get along with others (employees, supervisors, clients)? Above Standards
 8. How well did he/she plan and organize work? Very organize
 9. Were there any misconduct or inappropriate behaviors? None
 10. What was the reason for termination? N/A
 11. Would you re-hire him/her at the same level? yes re-hire
 13. What was your work relationship to him/her (supervisor, peer, subordinate)? Supervisor
 12. Any other comments? Outstanding Worker
 Reference Check Completed By: Artis Ellis Date: 9/14/10

Information Received From: Dr. Sabb Title: Dentist



EDUCATIONAL COMMISSION for FOREIGN MEDICAL GRADUATES

Assessment Services

Clinical Skills Evaluation Centers – Atlanta, Chicago, Los Angeles, Houston, Philadelphia

ECFMG does not permit employees to discuss USMLE STEP 2 CS-related information with the media unless specifically authorized to do so. SPs should always report any such inquiries to the Center

Manager who will refer the inquiries to the Vice President of Assessment Services, at the central office in

Philadelphia Any inquiry or contact, whether written or oral, from the media will be addressed by the Vice President of Assessment Services.

The recipient of the inquiry may ask the media representative for their organizational affiliation, the general nature of the inquiry and the inquirer's contact information. The employee, however, shall not respond to any substantive questions of any kind or provide any information or opinion regarding ECFMG's policies, procedures, programs, or operations. This media policy shall apply to employees while in/or out of the regular workplace.

I acknowledge and agree that during the term of employment with ECFMG®, I will not accept employment, serve as a consultant, or act in any other capacity for any commercial or academic preparatory programs designed to or purporting to prepare individuals to take the USMLE® Step 2 CS examination. I further agree that with regard to any educational activities within any medical school or graduate medical education program, I will not use the Confidential Materials or my specific knowledge to the design or content of the USMLE™ Step 2 CS examination to prepare or otherwise aid students preparing for the USMLE™ Step 2 CS examination.

I acknowledge and agree that I will not use my affiliation with the ECFMG® and the USMLE™ Step 2 CS program for commercial exploitation, publicity, or advertisement.

The Parties agree that this Agreement may not be changed, modified or released, discharged, abandoned or otherwise terminated in whole or in part, except by agreement of the parties in writing.

In the event that any of the provisions of this Agreement shall be held by a court or other tribunal of competent jurisdiction to be unenforceable, the remaining portions thereof shall remain in full force and effect.

IN WITNESS WHEREOF, the parties have signed this Agreement as of the date indicated below.

Signature: _____

Print Name: Jackie Bryant

Date: 9-11-06

Educational Commission for Foreign Medical Graduates: _____

Date: 9/11/06



EDUCATIONAL COMMISSION for FOREIGN MEDICAL GRADUATES

Assessment Services

Clinical Skills Evaluation Centers – Atlanta, Chicago, Los Angeles, Houston, Philadelphia

Personal Contact and Emergency Contact Information

ECFMG
HOUSTON

Employee Name: Jackie Bryant
Home Phone Number: [REDACTED]
Alternate Phone (mobile etc.): [REDACTED]

Emergency Contact Person: Troi Bryant
Daytime Phone for Emergency Contact: [REDACTED]
Address of Emergency Contact: [REDACTED]
[REDACTED]

Relationship to Employee: Spouse

Employee Signature: [Signature] Date: 9-11-06

MAR. 22. 2007

1:27PM

ECFMG

281 260 7477

NO. 685 P. 6

ECFMG® Personnel Information Change Form**All changes must be approved by the employee's manager. Check all that apply:**

- ☐ Rehire
☐ Promotion
☐ Primary Job Change (Title)
☒ Pay Rate Change
☐ Job Reclassification (Hierarchy Level)
☐ Job Description – Attach new JD
☐ Transfer to another department/state
☐ Additional Job
☐ Demotion
☐ FLSA Category – Exempt or Non-exempt
- ☐ Employee Type – regular FT, regular PT, % of regular PT, PTAN, or temporary
☐ Employee Status – FMLA, personal leave, return to active, etc.
☐ *Layoff (no work available)
☐ *Resignation
☐ *Termination of Employment – Must be approved by HR prior to the action.
☐ Change or add to an Email distribution list

Employee Name: Jackie Bryant**Old Information:**

\$15.00

New Information:

\$15.50

Full Explanation of Reason for Change: (Attach all related documents)

New pay rate in Proctors pay. Jackie will receive an increase in her salary to be in line with the recently pay rate increase.

Effective Date: 3/7/07 3/26/07 (Required for all changes)**Termination Code:** (Required for layoff, resignation & terminations)*** For Resignation and Termination, List all ECFMG property returned: (Kronos, ID, key, phone, laptop, etc)**

X Artis Ellis
 Manager's Signature

3/2/07
 Date

X [Signature]
 H.R. Director's Signature

3/22/07
 Date

X _____
 V.P. Signature

 Date

For H.R. Use Only:

☐ **Terminations & Resignations:** Send an email to Help Desk to discontinue email and voicemail access.

☐ **Terminations & Resignations:** Check that all assigned property has been returned.

Entered By: [Signature] Date: 4/5 Checked By: [Signature] Date: 4/6

CONFIDENTIAL

ECFMG-ELLIS 006988

ECFMG® Personnel Information Change Form

All changes must be approved by the employee's manager. Check all that apply:

- | | |
|---|--|
| <input type="checkbox"/> Rehire | <input type="checkbox"/> Employee Type – regular FT, regular PT, % of regular PT, PTAN, or temporary |
| <input type="checkbox"/> Promotion | <input type="checkbox"/> Employee Status – FMLA, personal leave, return to active, etc. |
| <input checked="" type="checkbox"/> Primary Job Change (Title) | <input type="checkbox"/> *Layoff (no work available) |
| <input checked="" type="checkbox"/> Pay Rate Change | <input type="checkbox"/> *Resignation |
| <input type="checkbox"/> Job Reclassification (Hierarchy Level) | <input type="checkbox"/> *Termination of Employment – Must be approved by HR prior to the action. |
| <input type="checkbox"/> Job Description – Attach new JD | <input type="checkbox"/> Change or add to an Email distribution list |
| <input type="checkbox"/> Transfer to another department/state | |
| <input type="checkbox"/> Additional Job | |
| <input type="checkbox"/> Demotion | |
| <input type="checkbox"/> FLSA Category – Exempt or Non-exempt | |

Employee Name: Jackie Bryant

Old Information:

FT Proctor
\$16.12

New Information:

FT Sr. Proctor/AOD
\$16.62

Full Explanation of Reason for Change: (Attach all related documents)

To meet the demands that are needed for CSEC- Houston, Jackie Bryant is being promoted to FT Sr. Proctor/AOD. In her time as a proctor (PT since-----and FT since 12/1/07), she has proven to be a competent and reliable team member. Jackie has also cross-trained as an AOD and we have no reservations.

Effective Date: 6/2/08 (Required for all changes)

Termination Code: (Required for layoff, resignation & terminations)

* For Resignation and Termination, List all ECFMG property returned: (Kronos, ID, key, phone, laptop, etc)

X Artis Ellis
Manager's Signature5/29/08
DateX [Signature]
H.R. Director's Signature6/4/08
DateX _____
V.P. Signature

NA 6/3/08

Date

For H.R. Use Only:

☐ Terminations & Resignations: Send an email to Help Desk to discontinue email and voicemail access.☐ Terminations & Resignations: Check that all assigned property has been returned.Entered By: VE Date: 6/3 Checked By: MB Date: 6/10ECFMG
HOUSTON

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ECFMG-ELLIS 006989



NBME®

CSEC
Clinical Skills Evaluation Collaboration

Administrative Offices
3750 Market Street, 2nd Floor
Philadelphia, PA 19104
215-386-5703 Fax



ECFMG®

In the event that any of the provisions of this Agreement shall be held by a court or other tribunal of competent jurisdiction to be unenforceable, the remaining portions thereof shall remain in full force and effect.

This Agreement shall be governed by and construed in accordance with the laws of the State of Pennsylvania, where the ECFMG® has its headquarters.

IN WITNESS WHEREOF, the parties have signed this Agreement as of the date indicated below.

Signature: _____

Print Name: Jackie Bryant

Date: 01/25/10

Supervisor or Manager: Artis Ellis

Date: 1/25/2010

CSEC Executive Director: Barry C. Jole

Date: 2-8-2010

Original to Executive Director's office

Original filed with respective employer's (ECFMG® or NBME®) Human Resources Department

Revised March 2009